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EXPERIENCE AND CARE IN MISCARRIAGE: A QUALITATIVE STUDY

ABSTRACT

Problem: The miscarriage is a frustrating event in the lives of many women, especially for those who schedule pregnancy. **Objective:** Understanding the experience of women in situations of spontaneous abortion, in the context of public and private health services assistance as well as the experience of nurses and the care provided. **Method**: Qualitative research, based on the social phenomenology of Alfred Schutz, held in 2009, through open interviews with 13 women and seven nurses. **Results**: The miscarriage is experienced as something unexpected, a difficult moment, permeated by sadness and grief related to loss and the impossibility of continuing the pregnancy. The women express a desire to receive support, care and information and evaluate the care received as satisfactory but distinguished in the services that attend health insurance. Nurses seek initially to obtain information about abortion, health conditions and need for care and, thereafter, provide guidance and support women so that they can overcome this moment. **Conclusions**: Women acknowledge that the moment experienced is a condition that requires attention, support and information from the professionals. We emphasize the importance of nurses' performance in planning and carrying out actions in line with the principle of comprehensive care.

Descriptors: Women's Health. Abortion. Nursing. Qualitative research.

INTRODUCTION

The spontaneous abortion occurs when the pregnancy ends involuntarily, being possibly the product of an accident, any abnormality or dysfunction neither planned nor desired by the mother. Many miscarriages are of unknown causes and occur in 10% to 15% of all clinically recognized pregnancies[1].

Studies on abortion have dealt predominantly of constraints and biological factors related to abortion, in search for the best scientific evidence to assist health professionals in assisting women[2,3].

About the experience of women in situations of abortion, it is possible to locate in the literature some works that portray the experience of these at this time of life[4,5,6].

With respect to the care provided by health professionals to women in situations of abortion, there are some publications[7,8] and, regarding the perception of women about the services provided by public and private health services, there is still need for investigations.

Thus, as nurses and researchers in the area of women's health, we believe it is relevant to discuss their experience in situations of abortion and the care provided by nurses working in public and private healthcare services since the woman who has a health service for treatment of abortion is looked after by nurses.

The following questions motivated this research: what is the meaning of miscarriage to women? What do they expect from health professionals who attend them? Is there a difference in the offer and the type of care provided between public and private health care institutions? How is it for nurses to take care of women in situations of abortion? What do they hope to accomplish with their actions?

For the qualification of care, it is necessary to contemplate the existential totality of women and seek experience in the situation of abortion, considering its historical, cultural and social condition. It is also relevant to understand the experience of those who provide this care, for involving subjective issues for caregivers and those who are cared and presuppose the sensitization of the health team, aiming at changing attitude continuously[9].

This research aimed at understanding the experience of women in situations of spontaneous abortion in the context of the support of public and private health care services and the experience of nurses regarding the care provided.

The results of this study may constitute scientific evidence that will subsidize health professionals and especially nursing professionals to plan and carry out actions in line with the principle of comprehensive care, focusing on the specific needs of women in spontaneous abortion.

METHODOLOGY

It is a qualitative study with the focus of the social phenomenology of Alfred Schutz, by allowing an adoption of a systematic research that ensures better understanding of social and cultural aspects of human action. This referential studies the phenomenon from what is experienced by people in their daily lives, within the so-called social world. The following theoretical assumptions used were: social relationship, the life world, intersubjectivity, biographical situation, body of knowledge and social action[10].

We have interviewed 13 women in this study, aged between 18 and 38, who were assisted in public and private institutions of a municipality in the east of Minas Gerais, and 7 nurses who assist women in situations of abortion.

Of the total participants, 11 were experiencing abortion for the first time. Only one of them was not subjected to uterine curettage. Eight were treated exclusively by the Unified Health System (SUS) and 3 through healthcare. Two women have had experiences in the context of public service (SUS) and private (healthcare). The gestational age at the time of abortion was from 5 to 16 weeks.

The nurses were aged between 27 and 44 years. Only one was male. The time since graduation ranged between 3 and 25 years. All of them were in charge of the supervision of nursing and placed themselves as responsible for assistance to women in abortion process.

The present study included women older than 18 years, with experience of abortion over the two months prior to data collection, who reported themselves as spontaneous and who sought the public or private health service sector for treatment of abortion and nurses who provide care to women in this situation and professional experience of more than one year. We excluded those women and nurses who did not meet the inclusion criteria and were unwilling to signing the consent form.

Data collection was conducted in 2009 through an open interview that was recorded and guided by the following questions addressed to women: how was it for you to experience the situation of abortion? How did you feel? How was the care you received? How would you like to be cared for at the moment? To nurses: how do you take care of a woman undergoing abortion? What do you have in mind when you take care of this woman?

The women who have taken part in this study were identified through visits to hospitalization units of the institutions under study and then were invited to participate in the survey, requesting the phone to further contact and scheduling of the interview. Contact with nurses was made by one of the researchers personally in the health institutions where they worked. The interviews with the women were held in their homes, in day and time set by them. On the other hand the majority of nurses preferred to be interviewed in their own work environment.

All participants received detailed information about the ethics of this research and expressed their interest in taking part in it by signing the consent form that made clear the guarantee of anonymity and confidentiality of the data[11]. It is important to highlight that this study was approved by the Research Ethics Committee of the School of Nursing of the University of São Paulo, having received the assent under the number 861-2009.

The delimitation of the number of subjects took place from the time when the testimonials unveiled the phenomenon under investigation, the questions were answered and the objectives achieved. In order to preserve anonymity, women (W) and nurses (N) were identified with numbers.

Data analysis followed the steps described by scholars of social phenomenology of Alfred Schutz[12]: repeated perusal of the testimonies and selection of units of meaning that allowed the construction of concrete categories in relation to the experience of women in situations of spontaneous abortion and the care given by nurses.

RESULTS

The experience of women in situations of spontaneous abortion is highlighted in the categories "difficult, sad and painful moment" and "welcome", that depict the context of meaning and lived experience of care needs expressed.

The miscarriage is something unexpected, especially when it occurs in the first pregnancy. It is shown as "difficult, sad and painful moment," in which the woman expresses anxiety, fear and insecurity about the signs and symptoms presented:

“I have lost so much blood. It was horrible, I wept and cried, oh my God, why did this happen to me? (M1-SUS). I felt great pain, a lot of cramping, fear.” (M2-Healthcare)

The account of bleeding and pain was so significant in her experience that it appears in almost all the testimonials.

Despite the experience of abortion as a loss and therefore a moment of sadness, the woman who was treated by the health plan highlights the non-fulfillment of the desire to conceive a child. She felt helpless and frustrated because she could not proceed with the pregnancy:

”It is a sense of helplessness, I felt helpless. My story was just getting started and was interrupted, very frustrating. It's like being in a crowd and being alone.” (M2-healthcare)

Nevertheless the speech of those who were attended by SUS does not reveal the feeling of helplessness, perhaps because they had other children, or because they had not planned the pregnancy or due to financial difficulties for raising a child.

As if it were not enough the presence of pain from physical and existential origin, the blame for the loss is also evident in some of the testimonies of women attended by SUS and had a health plan. The fear of being blamed and criticized by the abortion has made it a more difficult and sad time:

"Is it because I did something and now I'm paying for what I did? We were expecting it so much!" (M4-healthcare)

By experiencing abortion, the woman faces a worrying and unknown situation, and thus manifests needs for care and "welcome". Most of them, when seeking assistance, considered the care received as satisfactory, since they felt welcomed by the team:

"They treated me very well at the hospital. From the time I got there, the treatment was very good." (M5-SUS)

However, by mentioning how she wanted to be cared for, there was the need of being heard, of getting attention and information:

"I would like to be cared for with affection, attention and clarification." (M3-SUS)

The statements of the woman who was attended by the a health plan show that the care received not only was satisfactory, but it was also distinguished because she felt more welcome and safe:

"I was well cared both by the emotional, religious and professional aspects. My family and professionals gave me much attention." (M6-healthcare)

Two women attended at different times in public and private services have made a comparison between the two contexts and emphasized an impersonal care with the public, in which the service was made by the doctor on duty, and differentiated and personalized in private, where they were cared for by the doctor assistant:

"In the first experience, I was cared for by a doctor who I did not know, had no link with; services were basically technical, the nursing team restricted itself to assist the doctor and provide medications. The second curettage procedure was performed with the health plan, this time the care was more humanized, the doctor remained with me. The service was fast, the nursing staff was more present, trying to maintain my privacy and comfort." (M7-SUS/Healthcare)

In a context of reciprocity of intentions, the experience of nurses in caring for women in situations of spontaneous abortion is presented through the categories "seeking information" and "attention".

When providing assistance to women, the nurse goes "in search for information" about health conditions and recognizes that this moment requires special attention from the team:

"I come and talk to them, and try to dig a bit if she did the pre-natal, if she has any illness, something that may have caused her abortion, if it was the first time and if she has gone through any treatment." (E2).

The nurse manages the physical care and give "attention" to the women, however, he realizes how limited he is in the comprehensive care to their needs. When necessary he requests intervention from other professionals working in the health care team.

“What I notice is that after (curettage), they have a great sense of emptiness. Some feel relieved, others, after going through the process, start crying more. It is a compulsive cry. In those moments, I realize that my actions as a nurse have gone beyond what I could do, and then ask for help to the psychologist.” (E6)

It is Important to highlight that in their professional routine, nurses in this study are responsible for supervising the units where they work. Direct assistance is provided, most often by nursing staff, leaving nurses to carry out the visit and prioritize the care that requires greater technical complexity:

“We do not provide direct assistance; we try to know how she is behaving in that situation (E3). I do not give direct assistance; I visit some women before and after the curettage, others during the procedure.” (E4).

By taking care of women in situations of spontaneous abortion, the nurse aims at offering support and guidance to women who are alone or with their families:

“I get near them so we can talk, but I do not have much to say at this moment: it is the silence. I accompany them, I want to comfort them, take away their pain, the emotional pain of the patient who is in a miscarriage situation.” (E6).

Their testimonies portray a concern with the guidelines about the procedures to be performed during hospitalization in order to reassure women:

“We talk to her to try to reassure them about the procedures that are likely to be realized. The first thing we do is to try to talk to them in order to guide them through everything that has to be done.” (E3)

They also provide guidance on the importance of investigating the possible causes that led to abortion:

"We give them some guidance as to give some time to their body, use a contraceptive method; search for the cause of the miscarriage. I advise them about the need to avoid a pregnancy very close to the other, even because of the emotional distress." (E7).

DISCUSSION

The process of abortion endangers women's lives by exposing them to complications which may have an impact on their health in a bio-psychosocial context[5]. By living this situation, the woman experiences beyond the physical pain, manifested by signs and symptoms presented an existential pain for the loss of pregnancy. The experience of abortion gives itself a meaning that is subjective. This is related to human activity and the existential motives that led to it[10].

People live with each other, sharing space and time; therefore the social act is always oriented to the physical existence and the act of another. As the individual meanings experienced are contextualized in the inter-subjective relationship, they will respect a social setting - a precondition of everyday life[10]. From this perspective, the individual experience of abortion also brings a social meaning.

As found in this study, a study conducted in Sao Paulo with women who have had abortions showed that all of them were faced with the pain and grief related to the impossibility of realizing motherhood[13], which reinforces the idea that the meaning that is assigned to an experience varies according to the attitude at the time of reflection[10].

When assessing the care received, the woman says she has received some personalized attention and that the doctor who accompanied her from the prenatal could look after her in the process of abortion. On the other hand, the nursing team proved to be present, but predominantly in technical care, as evidenced in a study of women in situations of spontaneous abortion, and has shown an emergency assistance focused only on physical needs, without emotional support and educational guidance[4]. The nurses particularly must perform, in addition to technical activities, personalized service, reducing the tensions of these women[4].

The experiences of care in public and private services were different and thus enabled women to compare them. A study developed in the south of Brazil on the perceptions and feelings of women who had suffered abortions showed that users of SUS also pointed out that the service of health professionals was not equal to that offered by the healthcare insurance companies[7]. This leads us to reflect on how health services have structured their actions to attend the women, considering the existence of technical standards for humanized care[9].

In providing care to women in situations of abortion, the nurse seeks, initially, information about their health condition and then offers support through assistance. Among the different ways of looking after, being present, listening to them and guiding them, should be emphasized.

The guidance presumes the transference of information needed to conduct the process experienced by the woman as the subject of health action, for decision making and realization of self-care in line with the directives of the SUS. Therefore, it is important that professionals make sure that every question and concern of women are properly clarified, which may aid in informed decision, for encouraging the reception and providing information should be part of the practice of all professionals in the multidisciplinary team. In this context, nursing has a distinct role for being present at the gateway, during the obstetric procedure and in the recovery phase of the woman at the clinic[9].

The reference to the supervisory activities of the hospitalization units by the nurse of this study is an integral part of managerial activities that guide the nurse in the assistential, educational and research actions[14] and includes the planning of care articulated to the work of the health team.

In this sense, the nurse acknowledges that he has limited capacity to perform the integral assistance to the needs of women in situations of abortion and therefore seeks the support of other

professionals. This situation suggests the need to share decisions and actions that provide integral care to the population in need of health services[14].

To health professionals, it is considered not only the physical and emotional complaints presented, but to seek understanding of the ways of interpreting, values and beliefs related to problems from the worldview of people who are assisted[15]. Thus, the health care team should provide support for the women and their families, encouraging them to verbalize their feelings, listening to their concerns and explaining that the cause of abortion may be either of natural or unknown reason[16].

To this end, it is necessary to create an environment that is conducive to listening and expressing feelings, considering the needs of women assisted in order to ensure integrated care[8].

FINAL COMMENTS

Regardless of the situation of having health insurance, the women acknowledge that the situation of abortion is a condition that requires attention, support and information from the professionals.

By providing assistance to women in the abortion process, the nurse seeks, initially, information on abortion, the health conditions and care needs of these women and, thereafter, provides guidance on the procedures and support so they can overcome this moment. Regardless of the situation of having or not health insurance, women should be treated with respect, dignity and have the right to health and citizenship guaranteed.

In this context, we emphasize the importance of the role of the nurse, of other health professionals and also other areas of knowledge in the sense of planing and carrying out actions in line with the principle of integrality of care.

Although limited to the perception of a group of women and nurses, this study may contribute to the planning and implementation of policies of attention to women's health undergoing abortion.

It should also be noted, the need for further research in other social contexts to assist women under the perspective of other health professionals and managers, with a view to proper enforcement of health initiatives.

REFERENCES

1. Rezende J, Montenegro CAB. Obstetrícia Fundamental. Rio de Janeiro: Guanabara Koogan; 2006.
2. Couto ER, Couto E, Vian B, Gregório Z, Nomura ML, Zaccaria R et al . Quality of life, depression and anxiety among pregnant women with previous adverse pregnancy outcomes. São Paulo Med. J. 2009; 127(4): 185-89.

3. Noguez PT, Muccillo-Baisch AL, Cezar-Vaz MR, Soares MCF. Abortamento espontâneo em mulheres residentes nas proximidades do parque industrial do município do Rio Grande - RS. Texto Contexto Enferm. 2008; 17(3): 435-46.

4. Boemer MR, Mariutti MG. A mulher em situação de abortamento: um enfoque existencial. Rev Esc Enferm USP. 2003; 37(2): 59-71.

5. Motta IS. A relação interpessoal entre profissionais de saúde e a mulher em abortamento incompleto: "o olhar da mulher". Rev. Bras. Saude Mater. Infant. 2005; 5(2):219-22.

6. Nery IS, Monteiro CFS, Luz MHBA, Crizóstomo CD. Vivências de Mulheres em Situação de Aborto Espontâneo. Rev Enferm UERJ. 2006; 14(1): 67-73.

7. Bazotti KDV, Stumm EMF, Kirchner RM. Ser cuidada por profissionais da saúde: percepções e sentimentos de mulheres que sofreram aborto. Texto Contexto Enferm. 2009; 18(1): 147-54.

8. Mariutti MG, Almeida AM, Panobianco MS. Nursing care according to women in abortion situations. Rev. Latino-am. Enferm. 2007; 15(1):20-6.

9. Ministério da Saúde (BR). Secretaria de Atenção à Saúde. Departamento de Ações Programáticas Estratégicas. Área Técnica de Saúde da Mulher. Atenção humanizada ao abortamento. Norma Técnica. Brasília (DF): Ministério da Saúde; 2010.

10. Schütz A. El problema de la realidad social. Escritos I. 2ed. Buenos Aires: Amorrortu; 2003.

11. Ministério da Saúde (BR). Conselho Nacional de Saúde. Resolução n. 196, de dezembro de 1996. Dispõe sobre normas de pesquisa com seres humanos. Brasília (DF): Conselho Nacional de Saúde; 1996.

12. Carvalho GM, Merighi MAB, Jesus MCP. Recorrência da parentalidade na adolescência na perspectiva dos sujeitos envolvidos. Texto contexto enferm. 2009;18(1):17-24.

13. Benute GRG, Nomura RMY, Pereira PP, Lucia MCS, Zugaib M. Abortamento espontâneo e provocado: ansiedade, depressão e culpa. Rev Assoc Med Bras. 2009; 55(3): 322-7.

14. Spagnol CA. (Re) pensando a gerência em enfermagem a partir de conceitos utilizados no campo da Saúde Coletiva. Ciênc Saúde Colet. 2005;10(1):119-27.

15. Godoy SR, Bergamasco RB, Gualda DMR, Tsunechiro MA. Severe obstetric morbidity - near miss. Meaning for surviving women: oral history. Online Braz J Nurs [serial on the Internet]. 2008, 7(2). Retrieved 2010-11-20, from: http://www.objnursing.uff.br/index.php/nursing/article/view/j1676-4285.2008.1460.

16. Bouvier DA, White HL. Caring for a patient having a miscarriage. Nursing, 2005;35(7):18-9.